An Evaluation of Healthcare Workers' Experiences of Accessing Staff Wellbeing Support within Leeds Community Healthcare

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Acknowledgements

Firstly, I'd like to thank the Healthcare Workers at Leeds Community Healthcare who kindly participated in this service evaluation project and offered their experiences of accessing support through Clinical Psychology. Without your contribution, this project would not have been possible.

I would also like to thank the project's commissioners, Dr Joanna O'Brien and Dr Palvinder Rao, for their support and guidance. Your knowledge of the service and its vision were invaluable at every stage of the project. Also, thanks to Lindsey King who kindly reviewed the project materials during its early stages – your keen eye for detail and your enthusiasm for staff wellbeing were both an asset to this project.

Finally, I'd like to thank the Leeds DClinPsychol course team for their support and guidance during this project and for the opportunity to make a tangible difference to service development.

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Literature review

Introduction

The health and well-being of healthcare workers (HCW) has received exponential interest in recent years, owing largely to their involvement and response to the COVID-19 pandemic. However, issues relating to staff wellbeing in the NHS are not a new phenomenon in response to a once-in-a-lifetime event. For decades, it has been well-documented that HCWs are progressively being asked to do more with less and which can have significant consequences for patient safety and outcomes (Hall et al., 2016; Sizmur & Raleigh, 2018). With the recent growth in NHS services supporting staff health and wellbeing, the multi-faceted impacts of these issues are being recognised. However, there is little research examining the experiences of staff accessing support or whether this support is helpful for them (Billings et al., 2021). This SEP seeks to explore the experiences of staff accessing support through clinical psychology (CP) in Leeds Community Healthcare Trust.

Staff Wellbeing and the NHS

The NHS Long Term Plan (2019) acknowledges its staff as integral to the overall performance of the NHS. As such, the plan makes a clear commitment to improving the health and wellbeing of the NHS workforce. However, research has highlighted that additional strain on NHS staff has led to reduced staff morale and a sense of feeling undervalued and powerless (Johnson et al., 2018; Wilkinson, 2015).

The 2020 pandemic has exacerbated these pre-existing issues. For instance, the NHS Staff Survey 2020 showed that 44% of staff reported feeling unwell due to work-related stress, the highest level recorded in the survey's history (NHS, 2021; O'Dowd, 2021). It should be noted, however, that NHS staff are not homogenous in their roles and responsibilities, and the staff survey reflected this. For example, the survey also showed that health and wellbeing scores were lower for HCWs working on COVID-19 specific wards or areas compared to those who were not. This was also true of staff that were redeployed due to the pandemic compared to those who remained in their existing roles. In

addition, higher health and wellbeing scores were reported amongst HCWs who worked remotely, whereas lower scores were reported by staff who had been shielding.

Research exploring the experiences of staff accessing support is limited. Olabi et al. (2022) completed semi-structured interviews with healthcare professionals about their experiences accessing support during the pandemic. Participants reported a need for a flexible, responsive approach from services and they reflected on the benefits and limits of accessing individual and group support such as developing a sense of community spirit to wellbeing. Participants also spoke about a need to prioritise staff wellbeing going forwards and maintain the gains they had achieved. This study offers insight into the experiences of staff accessing support, however, it is limited by its small sample size. The phenomenological positioning of this research would suggest that participants were recruited owing to their shared experience i.e., working during the pandemic, and as such, these experiences may not reflect staff accessing support for non-pandemic related difficulties.

Burnout and Interventions

The World Health Organisation (2019) categorises burnout as an occupational phenomenon and as a collection of different physical and psychological reactions that occur in response to prolonged workplace stress. Exposure to both acute and chronic stress has the potential to cause further interpersonal difficulties, such as poor communication skills, limited availability to show compassion for self and others and detachment (Epp, 2012; Espeland, 2006). Furthermore, staff burnout has been associated with poor patient care (Panagioti et al., 2018) and poorer outcomes for patient safety (Hall et al., 2016).

Interventions aimed at reducing work-related stress can be sorted into three categories (Cartwright & Cooper, 1997). First are primary interventions which aim to eliminate or reduce sources of work-related stress; such interventions may include targeted recruitment to fill vacancies. Secondary interventions acknowledge that some stressors are inevitable; thus, emphasis is placed on skilling up individuals to respond adaptively to stress. Finally, tertiary interventions aim to enable recovery by addressing the impact of work-related stress. Tertiary interventions can be conceptualised as

interventions that respond to mental health difficulties, while primary and secondary interventions are considered more preventative. Indeed, secondary interventions aimed at building resilience within teams have been shown to reduce burnout (Jackson et al., 2018) and improve staff retention (McAllister & McKinnon, 2009). In the UK, however, resources and policy directives are weighted heavily in favour of tertiary, reactive interventions (Boorman, 2009; Beresford, et al., 2016).

Clinical Psychology at Leeds Community Healthcare

In 2020, LCH responded to the pressing need for staff support and an increasing demand for access to psychological interventions by introducing CP to its Organisational Development and Improvement (ODI) team. This introduction to the ODI was a new initiative in response to an unprecedented international crisis, meaning service provision and development ran parallel. The staff support offer was therefore emergent undergoing constant refinement in response to the changing needs and challenges. Within this framework, CP has offered support to staff at an individual, team and organisational level. The focus of this support had been to provide tertiary-level interventions and be responsive to the psychological needs of staff impacted directly by the pandemic. Interventions were formulated through the lens of understanding how people may respond to traumatic experiences and stressful, challenging life-events. A year later, CP entered a phase of supporting the trust in its longer-term vision of creating conversations and structures that are positive and proactive about staff wellbeing and mental health – a shift towards secondary interventions.

Aims

Commissioning of SEPs to evaluate the performance and effectiveness of health services have been shown to produce positive impacts within services and contribute to changes in service delivery (Price et al., 2019). Following discussions with the SEP commissioners, the agreed aims of this evaluation were:

1) To explore the experiences of staff accessing support through CP,
2) To evaluate aspects of the service that have been beneficial for staff,
3) To evaluate aspects of the service that have been less helpful for staff.

Methodology

Design

This evaluation employed a mixed-methods design. This included developing and disseminating an anonymised survey (see Appendix B) comprising closed questions, Likert items and open-ended free-text responses. Other designs were considered, for example, purely qualitative designs with the inclusion of participant interviews. However, it was felt that an anonymised survey would allow respondents to unreservedly share their experiences of accessing support and be in keeping with the confidential nature of the service.

Data Collection

The principal investigator and SEP commissioner circulated a link to the survey to HCWs within LCH who had accessed staff support through CP. The principal investigator also attended team meetings to promote the survey. A follow-up email was sent two weeks later to collect more responses, and the survey remained live for a further three weeks to capture additional responses. Once the survey was completed, the responses were anonymously stored on the principal investigator's secure University OneDrive account for data analysis.

Participants

All Leeds Community HCWs who had accessed support from CP's Staff Wellbeing Service (CPSWS) between October 2020 and March 2022 were invited to participate in the online survey. Data on how many members of staff had accessed support through CP during this timeframe was not available owing to the confidential nature of the service, and multiple pathways through which staff had accessed support, including formal and informal routes. As such, a percentage response rate could not be calculated.

In total, 24 members of staff completed the survey about their experiences accessing support through CP. Respondent demographics were collected and presented in Table 1.

The majority of respondents identified as female (n=22), white-British (n=22), and as qualified member of staff (n=17). Of the 24 respondents, 17 had accessed support through two or more pathways, with most respondents having only accessed support virtually (n=14). Seven respondents reported having accessed support virtually and in person.

Data Analysis

Survey responses to closed questions and Likert items are presented in frequencies alongside basic demographic data. Open-text responses have been analysed using thematic analysis (Braun & Clark, 2006) to identify themes and sub-categories relating to staff's experiences accessing support through CP. Thematic analysis was selected as a preferred framework for analysing the open-text data owing to its flexible epistemological position, which identifies patterns in meaning across different data points to derive themes (Braun & Clark, 2006). This process is outlined below in Figure 1. Other approaches to data analysis were also considered, for example, content analysis; however, it was felt that a level of interpretation of the data would be important to answering the evaluation's aims.

Figure 1

Process of Thematic Analysis, based on Braun and Clarke (2006), and credibility checks

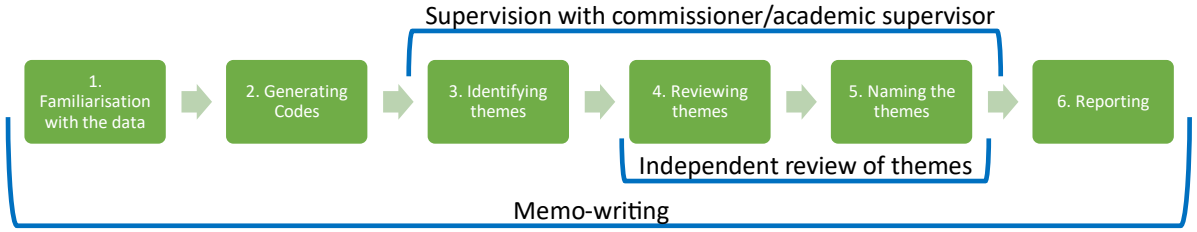


Table 1

Respondent demographics, use of service and method of access

Respondent Demographics

Descriptors	Number of respondents	Percentage
Total number of respondents who fully completed survey	n = 24	100%
Job role		
Registered Nurse	n = 9	38%
Allied Health Professional	n = 6	25%
Healthcare Support Worker	n = 5	21%
Non-clinical	n = 1	4%
Medical Professional	n = 1	4%
Other	n = 2	8%
Gender		
Female	n = 22	92%
Male	n = 2	8%
Ethnicity		
White – British	n = 22	92%
Asian – Pakistani	n = 1	4%
Prefer not to say	n = 1	4%
Respondents accessing support		
Group sessions	n = 16	67%
1:1 sessions	n = 11	46%
Clinical supervision	n = 6	25%
Teaching and training	n = 5	21%
Workshops	n = 4	17%
Consultation	n = 4	17%
Method of accessing support		
Virtually via MS Teams or Zoom	n = 20	83%
Face to face	n = 9	38%
Email	n = 6	25%
Phone	n = 1	4%

Credibility Checks

Supervision was sought from the principal investigator's academic supervisor to discuss the data and explore emerging themes. Discussions were held with the SEP commissioner as an expert within the service regarding identifying and refining the emergent themes and clarifying ambiguous responses in the data. In addition to this, a peer trainee clinical psychologist who was familiar with qualitative data analysis provided an independent review of themes and the process of using thematic analysis.

Ethical Considerations

The SEP gained favourable review from the University of Leeds School of Medicine Research Ethics Committee on 18th January 2022 (application number: DCLINREC 21-002). The survey was developed in such a way that implied consent could be assumed by respondents agreeing to have read the participant information sheet and progressing with the survey. No identifiable information was collected as part of the survey.

Results

The complete survey was analysed; this included responses to closed questions, Likert scale items and free text responses. First, the accessibility and utilisation of the service are examined, followed by an examination of how well the service has met the needs of staff. This leads to a more in-depth exploration of HCWs experiences.

Quantitative analysis

Accessing support and understanding its utility.

Respondent's experience accessing support and understanding of its utility was gauged through the Likert scale items, which asked respondents to rate how strongly they agreed or disagreed with pre-determined statements. Most respondents strongly agreed (n = 7; 30%) or agreed (n = 10; 44%) that staff support from CP was easily accessed. Three respondents (13%) disagreed, and one (4%) strongly disagreed with the statement that support could be easily accessed. In contrast, fewer respondents strongly agreed/agreed (n = 7) that they understood how support from CP may help promote their wellbeing at work. Eight respondents disagreed with this statement.

How is the service meeting the needs of staff?

Respondents used a five-point Likert scale *(1 – Strongly disagree to 5 – strongly agree)* to indicate how useful they experienced aspects of the wellbeing service. These results are shown in Table 2. In response to gaining useful strategies to help manage their wellbeing at work, ten respondents *'strongly agreed'*; nine *'agreed'*; two *'neither agreed nor disagreed'*; three respondents *'disagreed'* with this statement. In response to respondents feeling better able to reduce feelings of distress and engage more effectively in their work, nineteen either *'strongly agreed'* or *'agreed'* with this statement. One respondent disagreed with this statement.

Most respondents (n = 19) either 'agreed' or *'strongly agreed'* that they felt better able to notice early warning signs of their wellbeing being impacted. Four respondents *'neither agreed nor disagreed'* with this statement, and one *'disagreed'*. In terms of noticing when a colleague's wellbeing

Table 2

Overview of statements and respondents' Likert responses.

Statement	Responses to statements				
	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I have gained useful strategies that help me manage my wellbeing at work	0 (0%)	3 (13%)	2 (8%)	9 (38%)	10 (42%)
I am better able to reduce feelings of distress and engage more effectively with my work	0 (0%)	1 (4%)	4 (17%)	15 (63%)	4 (17%)
I feel better able to notice early warning signs that my own wellbeing may be impacted by my work	0 (0%)	1 (4%)	4 (17%)	13 (54%)	6 (25%)
I feel better able to notice early warning signs that my colleague's wellbeing is impacted by work	0 (0%)	5 (21%)	6 (25%)	6 (29%)	6 (25%)
My confidence talking about my support needs to others has increased as a result of the staff support, I have received	1 (4%)	2 (8%)	3 (13%)	10 (42%)	8 (33%)

may be impacted by work, twelve respondents either *'strongly agreed'* or *'agreed'*, six *'neither agreed nor disagreed'* and five *'disagreed'*.

Using the service again in the future

Respondents rated how likely they would be to access support in future for themselves and how likely they would be to signpost an LCH colleague for support through CP. Twenty respondents (83.3%) stated that they would either be *'likely'* or *'very likely'* to access support in future for themselves and signpost a colleague for support. The remaining respondents (n=4) stated they were *'unsure'*.

Qualitative Analysis

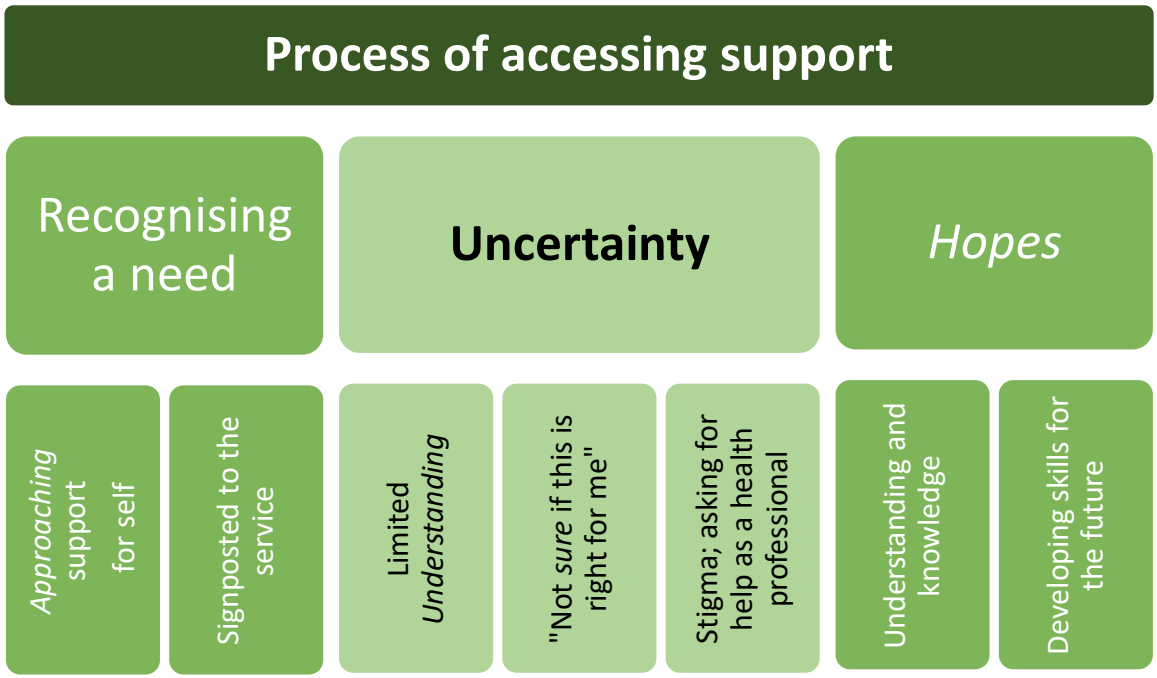
Respondents to the survey were also asked open-ended questions about their experiences accessing the service, including aspects of support that had been beneficial to them and aspects of support that had been less helpful. The responses to these open-ended questions were analysed using thematic analysis (see Appendix D). An overview of the themes, subthemes and examples of illustrative quotes are presented in Table 3.

Process of accessing support

Thematic analysis of the open-text responses yielded three main themes in relation to respondents' experiences accessing the service. These were **(i) Recognising a need**, which was underpinned by respondents '*approaching support for themselves'* or being '*signposted to the service'* by another individual*;* **(ii) Uncertainty**, characterised by respondents having *'limited understanding'* of the service and feeling *"not sure if this was right for [them]",* and lastly, **(iii) Hopes**, which was characterised by respondents '*feeling hopeful about accessing support'*. Themes and subthemes are shown in Figure 2.

Figure 2

Overview themes and subthemes associated with the 'process of accessing support'



Theme 1: Recognising a need. Respondent's route towards accessing support was mainly through one of two pathways. First, respondents reported noticing a need to access support due to experiencing difficulties at work. Others reported that they were signposted for support by a colleague, typically the respondent's manager or supervisor. All respondents acknowledged that their work had potential to impact their wellbeing negatively; however, some respondents reflected that they had not noticed the early indicators of this impact.

Theme 2: Uncertainty. Respondents described their uncertainty around accessing support. This was attributed to having a limited understanding of the service to make an informed decision about what support was available and how it could benefit them. Some respondents described feeling uneasy about sharing their difficulties in a group environment at work. Respondents also reflected on feelings of shame associated with the stigma of asking for help as a health professional. Respondents reported that they did not want to be seen by their colleagues as unable to cope or do their job.

Theme 3: Hopes. Some respondents reflected on their hopes through accessing support. Respondents reflected that they hoped the support would develop their understanding and knowledge of the psychological impact of their work and develop skills to respond to challenging situations differently. Some respondents reflected on their hopes to change the culture within the NHS and move away from *'damaging'* practices such as *"just get on with it, bury your feelings attitude"*.

Aspects of the service that have been beneficial

The analysis of respondents' open-text responses produced three main themes in relation to aspects of support which respondents had found beneficial. The first theme to emerge was **Containment**; this theme was connected by respondents reflecting on having 'a *safe space'* to talk about their experiences and the value of having an '*experienced clinician'* to support a sense-making process. The second theme to emerge was **'New Insights and Perspectives',** which reflected respondents' experience of '*psychological formulation', 'learning from others' and 'challenging expectations'.* The final theme, **'Personal and Professional Development'**, emerged from

respondents reflecting on the support they had received in a way which increased their '*understanding of own competence'*, 'en*hanced [their] work experiences'* and improved their '*work/life balance'*.

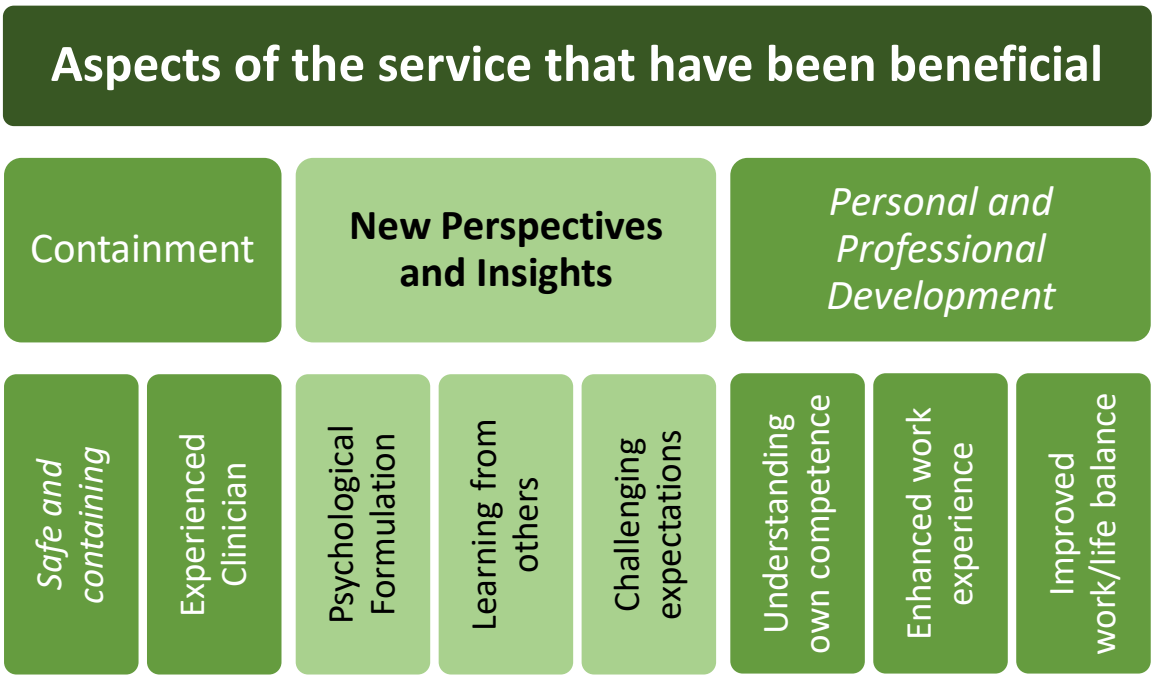
Theme 1: Containment. Respondents reflected on the value of having a *"safe and containing"* space to talk about their difficult work experiences and stressed the importance of this space being confidential as key to facilitating open discussion with others. In addition, respondents identified the need for support to be facilitated by an experienced clinician, and they reflected on how this allowed them to feel safe in communicating their distress.

Theme 2: New insights and perspectives. Several respondents referred to having benefitted from developing a new understanding of their difficulties and the value of this being psychologically informed. Respondents' reflected that it was helpful to hear other people's experiences which brought several benefits. Some of these benefits were normalising their own experiences, learning new ways of responding to challenges, and feeling more connected to other people. Finally, accessing support helped respondents challenge assumptions about accessing support for their wellbeing at work.

Theme 3: Personal and professional development. By accessing support, respondents indicated that they had developed their awareness of their limitations and how to safeguard themselves in relation to future stressors. In addition, respondents reflected that this shaped their understanding of their competence at work and enhanced their work experiences. Finally, respondents reflected on the benefits that accessing support had on their work/life balance and ability to maintain perspective during times of stress.

Figure 3

Overview themes and subthemes associated with the 'aspects of the service that have been beneficial'



Aspects of the service that have been less helpful

The data was also analysed to explore themes associated with aspects of support that had been less helpful to respondents. This yielded two main themes, **(i) Limited access**, which was characterised by *'Issues accessing support'*, *'unmet needs, 'limited resources' and 'prioritising other demands'; and* **(ii) Awareness and Stigma**, characterised by respondents' '*awareness of the support available'* to them and '*stigma'* associated with accessing support.

Theme 1: Limited access. Most respondents made references to the means through which support was accessed. While no consensus emerged in terms of preference, respondents reflected on challenges accessing both groups and virtual support, such as not feeling comfortable sharing personal experiences in a group setting and lacking containment in virtual sessions. Some respondents also felt that the service was not directly accessible to them as non-clinical HCWs who did not have face-to-face clinical contact but were still experiencing workplace stress and exposed to trauma. In addition, some respondents also suggested that wellbeing in the workplace was not always seen as a priority over other, often competing, work demands. Respondents indicated that greater buy-in from stakeholders and managers, including support sessions being integrated into job plans, would be helpful in mitigating this barrier to accessing support.

Theme 2: Awareness and stigma. Respondents reflected on issues understanding what support was available to them and how this could be of benefit, and requested this information be made more accessible. Respondents also highlighted issues relating to the stigma around accessing support as a HCW and acknowledged a need to change this culture. Finally, respondents acknowledged the available support was a limited resource, which impacted how frequently and consistently the support could be accessed.

Figure 4

Overview themes and subthemes associated with the 'aspects of the service that have been less helpful'

Table 3

Themes, subthemes, and illustrative quotes relating to respondent's experiences accessing support through CP

Theme(s)	Subtheme(s)	Illustrative quote(s)	Number of participants
		Process of accessing the service	
Recognising a need	Approaching support for self	*"I needed guidance on how my work was impacting on my wellbeing*" (P19)	N = 9
		"I emailed [clinician] for support for myself due to feeling burnout…I found the process of seeking support really easy" (P16)	
	Signposted to the service	*"Sessions were requested by our manager because we were struggling as a team'* (P1)	N = 6
		'My line manager requested support (with my consent) I was triggered after a meeting that I thought had not done well" (P9)	
		"I had a panic attack in front of my colleagues and was signposted to help" (P3)	
Uncertainty	*"Not sure if this is right for me"*	*"I was a bit nervous joining a group because I hadn't done anything like this before"* (P8)	N = 8
		"Unsure if the support would be right for me" (P6)	
		"I wasn't sure if I needed to speak about my concerns at work"' (P10)	
	Limited Understanding	*"I had some initial reservations about joining a wellbeing group as I did not know what to expect and what support was available"* (P15)	N = 5
		"I was struggling to know and understand what service to access and what input I might need" (P20)	
	Asking for help as a health professional (Stigma)	*"I was concerned re[garding] the impression colleagues within the trust may have of me, if they knew I was struggling"* (P11)	N = 5
		"As a senior member of the team, I didn't want people to think I couldn't do my job or that I wasn't coping" (P2)	
Hopes	Understanding and knowledge	*"Feeling hopeful that something could be done about me being stressed about work all the time"* (P17)	N = 4
		"I felt a sense of relief and hope" (P19)	
	Developing skills for the future	*"I hoped this support would help my resilience as a practitioner, this encouraged the request for the specialist support"* (P14)	N = 3
		Aspects of the service that have been beneficial	
Containment	A safe space	*"I was open to accessing the service as I have CP in my team and I feel comfortable to talk to them. They always make me feel heard and supported"* (P4)	N = 6
		"Having a confidential space to talk openly as a group about things we were each finding difficult" (P15)	
		"I've had sessions during some difficult times, where I was able to feel sad, cry and express my thoughts in a safe and contained way and move forward from that" (P14)	
	Experienced clinician	*"They have great expertise and help us think psychologically and in new ways"* (P1)	N = 10

Theme(s)	Subtheme(s)	Illustrative quote(s)	Number of participants
		"I…was able to talk about and express my feelings about anything with no concerns about having to look after the psychologist (very different than when accessing supervision where I am conscious of the often distressing content of conversations, therefore hold back at times)" (P12)	
New insights and Perspectives	Psychological formulation	"It helps us to think psychologically and in new ways…and how this aligns with our work" (P1)	N = 8
		"I obtained better understanding of my difficulties - a mini formulation if you like" (P20)	
	Learning from others	*"I value the time, reflective space, respectful challenge and alternative point of view"* (P14)	N = 8
		"…coming up with solutions to manage these experiences as a collective" (P15)	
	Challenging expectations	*"I thought it wasn't going to be helpful and I was stressed because it was taking me out of work but I actually really enjoyed it"* (P6)	N = 4
		"We need to change the culture in the NHS to move away from 'just get on with it, bury your feelings' attitudes" (P3)	
		"I was surprised because I didn't know how much it could help" (P7)	
Personal and Professional Development	Understanding own competence	*"understanding when you shouldn't explore things with patients at greater depth eg trauma as this can be retraumatising for them and exposes you to it too"* (P2)	N = 3
	Enhancing work experiences	*"learning more about psychological approaches and how they align with our work"* (P9)	N = 4
		"I find the sessions contribute to planning work, not just with cases but with processes. I feel it assists me to recognise and reflect on how my emotional responses might impact on my work which for me is exactly what this support should offer" (P14)	
		"enlightening especially during a group session which has influenced my practice further" (P17)	
	Improved work/life balance	*"We need to understand the impact this can have on us and our families, and how to help each other with this"* (P2)	N = 5
		"It helps me keep perspective and remain the kind person I feel I am and not slip into blaming when others have their challenges" (P14)	
		Aspects of the service that have been less helpful	
Limited access	Issues accessing support	*"I could only attend virtual appointments during my break which isn't ideal - management should give us time to attend these sessions in person"* (P17)	N = 13
		"More face to face sessions - I could only attend virtually on my break and from my car, and it was great. We need protected time and a space to meet to discuss things we are finding difficult" (P18)	

Theme(s)	Subtheme(s)	Illustrative quote(s)	Number of participants
	Unmet needs	*"I felt that there was little support or understanding at times during the pandemic from those who did not have face to face contact"* (P9)	N = 3
		"I have worked in the admin team for over 5 years which has been really difficult with short staffing and increased workload. I think the focus of support that is offered within the trust is focussed on staff who are seeing patients and there is little support for non-clinical staff who are also struggling. I think more needs to be done to include non-clinical staff in wellbeing sessions" (P23)	
		"more bespoke groups - men's groups, managers, nurses etc" (P15)	
	Limited resource	*"I was disappointed that I could not carry on accessing treatment through them although I understand limited resource"* (P7)	N = 6
		"Working with a psychologist has been really useful and I have learned skills that I have applied to myself and incorporated into my work. I think the service needs to expand so that staff can be offered more tailored support and not just groups" (P22)	
	Prioritising other demands	*"I felt like I had to choose between the session and my break, I think it's really important to attend these sessions so this should be part of our work day and not something we should have to choose between having a break or attending"* (P8)	N = 5
		"If you are busy at work its very easy to forget that there is support available" (P4)	
Awareness and stigma	Awareness of the support available	*"only barrier was understanding what was available and what we could ask for as I'd not had access to this in previous roles and didn't know how much it could help"* (P2)	N = 6
	Stigma around accessing support	*"I didn't want to make out that I was having a harder time than other people…I didn't want people to think I couldn't do my job"* (P8)	N = 5
		"I was not comfortable speaking about this issue in front of my colleagues. I manage a team and thought about what it would mean to my team if they saw me struggling at work" (P15)	

Discussion

Key findings

This evaluation explored staff experiences accessing support through CP using a mixed design. The findings are discussed in relation to the evaluation's aims.

Experience of accessing the service

The findings suggest that respondents found support from CP to be easily accessed; however, they also indicated that it was not obvious from the outset how this support would be helpful to them. The recent COVID-19 pandemic has shone a powerful light on the importance of HCWs having readily available access to support for their wellbeing; however, there is a general lack of information about the experiences of burnout amongst HCWs, including noticing early warning signs in self and others (Potter, 2006; Shanafelt et al., 2020; Sriharan et al., 2021). This is also reflected in respondents suggesting that they had limited information about the service prior to accessing it and were unsure if it was right for them.

Research exploring staffs' perceptions of accessing support is limited, however, embedded stigma within healthcare cultures around accessing support for oneself has been identified as a significant barrier across studies (Clarkson et al., 2022; Knaak et al., 2017). Indeed, one study found that 40% of physicians reported that they would be reluctant to seek support for their mental wellbeing owing to concerns that this would have implications for their fitness to practice (Dyrbye et al., 2017). Presently cultural assumptions exist within the NHS that one should simply *'deal with'* the difficulties of the job, and any deviation from this position, such as asking for support, is deemed to be a sign of individual weakness. Respondents in this SEP acknowledged challenges in expressing their needs in front of colleagues and the implications this may have on others' perceptions of them. Despite this, the findings did suggest that through engagement with the service, respondents became more confident talking about their support needs to others, which may indicate that this barrier can be reduced.

Accessing support provided respondents with a sense of hope by better understanding their needs and developing skills for the future. This is mirrored in the service's approach to delivering tertiary interventions, which target current difficulties and secondary interventions, which can be categorised as more preventative, in so much as they provide individuals with the skills to manage future stressors. This also has links with compassionate leadership approaches which have been identified as a protective factor in staff wellbeing (Clarkson, 2022).

Aspects of the service that respondents found beneficial

There was a strong sense from respondents that the support they received provided containment through a safe space to talk openly about issues impacting them at work and having an experienced clinician skilled in holding other people's distress. Bion (1962)'s concept of 'container-contained' illustrates how within a therapist-client dyad, the therapist is trained to act as a container into which patients are able to project their anxieties without fear of rejection or retaliation. Through this process, the client feels heard and understood and develops the space for reflection. Respondents' experiences may reflect this feeling of being 'contained' by a 'container' that is able to provide the necessary space to think about difficulties and offer up an interpretation through a new shared understanding. This also raises the question who contains the container, in this case the psychologist facilitating the staff support, and highlights a need for appropriate infrastructure and supervision of all clinical work.

Perhaps it is unsurprising that an evaluation of CP's impact on staff wellbeing yielded findings associated with respondents having developed new perspectives and insights into their difficulties. However, the role of the psychological formulation should not be downplayed, rather, it was identified as an important contribution to increasing the overall psychological mindedness of the workforce and developing a culture which understands the consequential impact of working in the health care system such as burnout, vicarious trauma, moral injury (Billings et al., 2021). Furthermore, further analysis of the responses indicates that the support staff have received has been effective in developing their reflective skills, which they have transferred to enhance their clinical practice.

Interestingly, despite earlier reservations in relation to speaking openly in front of colleagues about difficulties at work, respondents talked about how this process enabled them to learn from others and offered a sense of connectedness to colleagues. The literature surrounding connectedness to others in relation to staff wellbeing is limited, however, research by Mao et al. (2020) found that primary healthcare workers in China were more likely to experience emotional burnout when their social connections were low compared to workers who had greater social connections. Furthermore, a higher level of connectedness was associated with lower levels of depersonalisation and greater control over personal achievements. This was particularly true of participants who felt that by accessing group support that this had a positive impact on their individual clinical practice.

More generally, the positive experiences of peer support are a protective factor against psychological distress across HCWs (Cabarkapa et al., 2020; Clarkson et al., 2022). Interestingly, Clarkson et al. (2022) suggest that informal peer support may be of greater value to staff owing to its immediate availability and responsiveness to the unique needs of HCWs working environments. It is possible that respondents in this SEP experienced a degree of isolation before engaging openly with others about their difficulties and that these feelings of isolation were reduced through accessing support and learning from others.

Finally, respondents acknowledged how the benefits of accessing support enabled them to respond more adaptively to their other responsibilities both in the workplace and personal lives. Research by Loretto et al. (2005) examined how workplace factors (such as job demands, working conditions) interact with personal factors (such as demographic characteristics and work/life balance). Findings suggest a complex relationship between the different factors, however, individual wellbeing was shown to be significantly impacted by both work and non-work activities, which can often be in conflict. Interestingly, some changes to the work environment positively impacted individual wellbeing, such as having support from responsive managers/leaders, which is consistent with other research (Haynes et al., 1999). This may suggest that upskilling managers and leaders with the necessary skills to provide timely support to staff through a compassionate leadership approach would be beneficial.

Aspects of the service that respondents found less helpful

Respondents identified the competing demands of their roles as a barrier to prioritising their wellbeing. Respondents resorted to accessing support during their break or remotely whilst in inadequate environments, thus perpetuating the notion that support for wellbeing is secondary to their other commitments. A coherent health and wellbeing strategy communicated across services, with investment from senior managers, has been identified as a primary enabler in successfully implementing staff support (Burgess et al., 2022). As such, if staff wellbeing is to be positioned as a priority within services, it requires a collective response from all stakeholders. Interestingly, despite no overall consensus regarding how support could be best delivered, Billings et al. (2021) found that psychological support seemed to be of most value to HCWs when it was available in person and when approaches were flexible and informal. Similar to the findings in this SEP, they also found no preference for support to be offered individually or in groups, but it being important that sessions fit around the HCWs patterns. Of note, Billings et al. (2021) found that the use of virtual methods when delivering support were deemed too impersonal. This may reflect challenges in feeling contained and connected to others, as discussed earlier in this report.

The relationship between clinician burnout and the negative impact this has on the quality of care patients receive and, ultimately, patient outcomes is well documented (Humphries et al., 2014; Montgomery et al., 2011; Shanafelt & Dyrbye, 2012); this alone makes the wellbeing of HCWs a priority for everyone because it has potential to impact everyone. A minority of respondents in this SEP referred to perceptions of how funding for NHS services is generally guided by 'patients before staff' (Quirk et al., 2018) and a culture that implicitly instructs its staff to simply deal with the pressures they face. Similarly, through interviews with HCWs about their experiences accessing support, Clarkson et al. (2022), found what they termed '*toxic stoicism',* which reflected HCWs' tendency to prioritise their work responsibilities over their own wellbeing which resulted in unhelpful presenteeism, and distorted comparisons to other colleagues who were presumed to be managing more effectively.

A recurring theme within the data related to the service provision, with suggestion, that the service was not adequately resourced and, therefore, respondents could not access support consistently or at a time that was convenient for them. Respondents spoke of frustrations of wanting to continue with support but acknowledged the limited provision. Unfortunately, such barriers exist in health services; however, this highlights the need for staff to have readily available support from adequately resourced and funded services. This will enable the service to continue to support staff via tertiary interventions when required whilst working towards implementing secondary interventions with a focus on developing a culture of wellbeing within the workforce. This is echoed by Olabi et al. (2022) in their calls for services to adopt a long-term strategy to safeguard the physical, emotional and psychological wellbeing of the workforce.

Limitations

The methodology employed by this SEP brought benefits thought to increase participation and reduce demand characteristics by offering respondents anonymity when completing the survey. However, the survey itself comprised a small sample size which raises caution when generalising results to the wider population. It is also possible that individuals more motivated and interested in staff wellbeing produced a sampling bias, making positive accounts more likely. Repeated efforts were made to disseminate the survey through existing service structures; however, it is possible that barriers such as limited access to IT equipment meant that the online survey was inaccessible to a subgroup of staff. As LCH is a community trust, future SEPs may need to explore ways to reach HCWs who may spend the majority of their working day in the community.

Furthermore, the majority of respondents in this survey identified themselves as white-British and women. Two respondents identified as white-British men, and only one participant identified their ethnicity as Asian – Pakistani. As is the case when interpreting qualitative findings, caution should be taken when generalising findings to a larger sample, as such, the under-representation of specific groups in this SEP makes this more pertinent. For example, research has shown that the COVID-19 pandemic has disproportionately affected people from racialised backgrounds, with calls for more

nuanced support interventions to be more culturally and socio-politically informed (Burgess et al., 2022). Future SEPs may seek to capture the experiences of underrepresented groups to establish similarities or nuances in how they experience the support offered by CP.

Finally, it is important to acknowledge that the themes were discussed with the project's commissioners as part of the planned credibility checks. This could have introduced a bias into the results; however, it was felt that the commissioner's understanding of the service could be an asset when interpreting the results. For example, during a discussion of the theme 'unmet needs', the commissioner provided further information about how non-clinical staff may be impacted by vicarious trauma, further strengthening the analysis. To mitigate the potential for bias, themes were shared with other trainee clinical psychologists, independent of the service and the SEP, and familiar with thematic analysis.

Conclusions and Recommendations

This SEP highlights the following recommendations for the service:

Information and awareness of the support available. The SEP identified a need for the service to provide HCWs with information about the support available through CP and how they may find this support beneficial. This may support staff to make informed decisions about accessing support and normalise any concerns they may have about accessing the service. This could be achieved through various media, i.e., service leaflets, virtual Q&As, placing wellbeing discussions/reminders as a fixed agenda item etc.

Reducing stigma and prioritising wellbeing. Perhaps reflective of wider cultural and societal issues, it was evident that respondents experienced a level of stigma when accessing support for their own wellbeing. The service needs to acknowledge this as a barrier for people accessing support and consider ways in which this may be reduced. This will likely need to be challenged at different levels of the organisation and involve active promotion of accessing wellbeing support as a priority. Examples of this may include the inclusion of accessing wellbeing support in HCW's job plans,

protected time to attend sessions, compassionate leadership, peer support, developing as a trauma informed organisation etc.

Teaching and training. There is a need for ongoing workshops aimed at developing a collective awareness of health and wellbeing, which includes understanding the potential impact of the experiences HCWs, both clinical and non-clinical, are exposed to and developing skills to respond to the experiences. Senior members of the workforce may also benefit from training packages that develop skills in compassionate leadership and supporting these conversations in the teams they lead.

Clear value and need for more wellbeing support. The SEP highlighted the clear value of accessing support through CP for respondents. However, frustrations were also evident regarding the limited-service provision and access issues. It remains unclear from this SEP how best to deliver this service as no consensus emerged in relation to support being offered individually vs groups, or in person vs virtually. However, with a limited provision to provide flexibility or consistency, staff have limited choice in accessing support that is *right* for them. The findings of this SEP support the increase in service provision; however, this should coincide with finding a balance with what support is most beneficial to the people accessing it.

Future SEPs. The service may consider commissioning a future SEP that seeks to explore the experiences of members of staff under-represented in this SEP, such as men, and people from minoritized backgrounds, including people from BAME and LGBTQ+ communities and people with disabilities. It is possible that the experiences captured in this SEP do not fully represent the needs of other groups, and it would be important to establish any differences in needs to provide culturally and socio-politically informed interventions.

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Appendix B – Online Survey

Appendix C – Commissioning Contract

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Doctor of Clinical Psychology Programme

Service Evaluation Project Contract

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This initial contract is to be completed at a meeting between the trainee and SEP commissioner and outlines expectations and commitments.	
Title	Exploring the impact of Clinical Psychology on staff wellbeing
Trainee	
Commissioner	Dr Palvinder Rao (Principal Clinical Psychologist) Dr Joanna O'Brien (Consultant Clinical Psychologist)
Field supervisor (if different)	n/a
Agreed aims of project (what will be delivered)	- To explore through mixed methods the experiences of staff who have accessed support provided by Clinical Psychology within Leeds Community Healthcare (LCH). - A survey will be designed and disseminated by the trainee. Results will be analysed and used to inform an interview schedule for subsequent interviews with a smaller sample. - Interviews will be used to gain a deeper understanding of staffs' experiences. - Interviews will be analysed using Rapid Qualitative Analysis. - The findings from this SEP will be written into a report and submitted in line with the trainee's doctoral requirements. - Findings may also be disseminated within LCH and written up for publication.
Intended method	Mixed Methods: Survey and Interviews with staff
Agreed timescale	November 2021 – SEP start date Dec-March 2021 – Recruitment and interviews March-May – Continuation of interviews and Data Analysis June-August – Write up and dissemination
Resources to be provided by commissioners	Supervision from those commissioning the project in line with course requirements Interview space at St Mary's Hospital if appropriate Workspace at Stockdale House
Publication & presentation plans. (Please provide details)	Presentation at Leeds' DClinPsychol SEP Conference 2022 The SEP may also be written up for publication and disseminated within LCH
Any other comments	

UNIVERSITY OF LEEDS
Doctor of Clinical Psychology Programme

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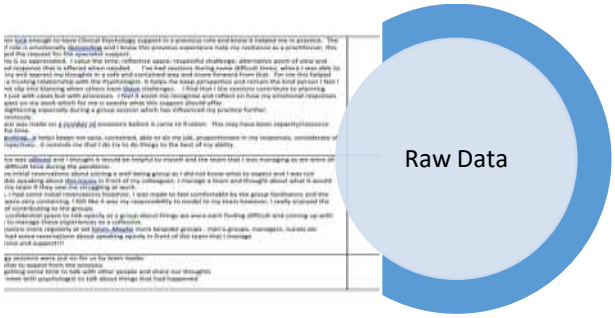
This initial contract is to be completed at a meeting between the trainee and SEP commissioner and outlines expectations and commitments.	
Title	Exploring the impact of Clinical Psychology on staff wellbeing

Date: Signatures	22.11.20211 *Trainee*	*Commissioner*	*Field supervisor*

Please note that final project posters and reports will appear on the Programme website unless requested not to by the trainee or commissioner.
A copy of this contract is to be made available to all signatories.

Appendix D – Process Thematic Analysis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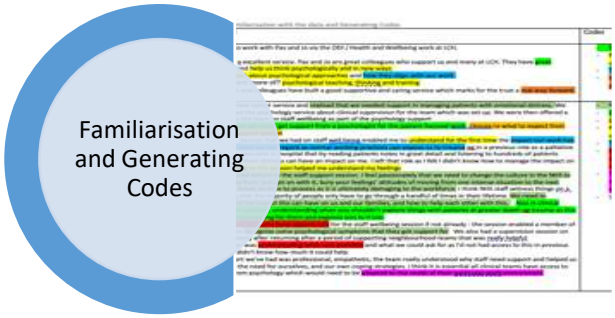
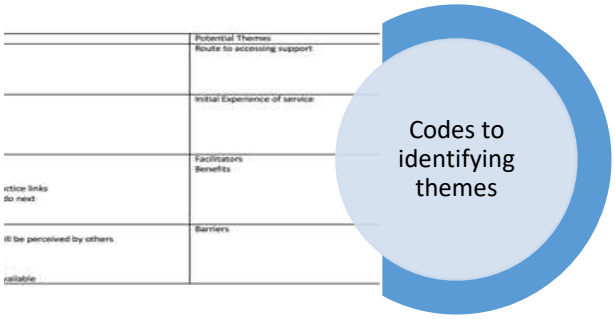
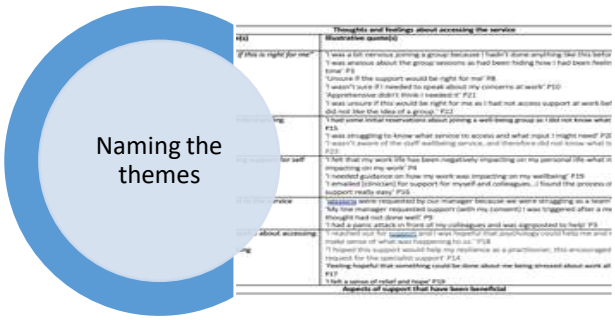

Familiarisation and Generating Codes


Codes to identifying themes


Naming the themes

Appendix E – Poster

An Evaluation of Healthcare Workers' Experiences Accessing Staff Wellbeing Support within Leeds Community Healthcare

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Commissioned by: Dr Palvinder Rao and Dr Joanna O'Brien (LCH)

Introduction

- The health and wellbeing of healthcare workers (HCW) has received exponential interest in recent years; owing largely to their involvement and response to the COVID-19 pandemic. However, the issues relating to staff wellbeing in the NHS is not a new phenomenon in response to a once in a lifetime event.
- For decades now, it has been well-documented that HCW are increasingly being asked to do more with less, and this has significant consequences for patient safety and outcomes (Hall et al., 2016; Sizmur & Raleigh, 2018).
- With the recent growth in NHS services supporting staff health and wellbeing it appears the multi-faceted impact of these issues are being recognised. There is, however, little research looking at the experiences of staff accessing support and in what ways this support is helpful for them (Billings et al., 2021).
- This SEP seeks to explore the experiences of staff accessing support through clinical psychology (CP) in Leeds Community Healthcare Trust.

Aims

This SEP had three aims:
- To explore the experiences of staff accessing support through CP,
- To evaluate aspects of support that have been beneficial for staff,
- To evaluate aspects of support that have been less helpful for staff.

Methodology

Design
- A mixed methods design was employed. This included the development and dissemination of an anonymous online survey which comprised closed questions, Likert Scale items and open-text responses.

Participants
- 24 respondents completed the survey about their experiences accessing support through CP.
- Majority of respondents identified as: 'White-British' (n= 22), 'Female' (n=22), and 'Qualitied clinician' (n=16).
- 20 respondents had accessed support virtually.

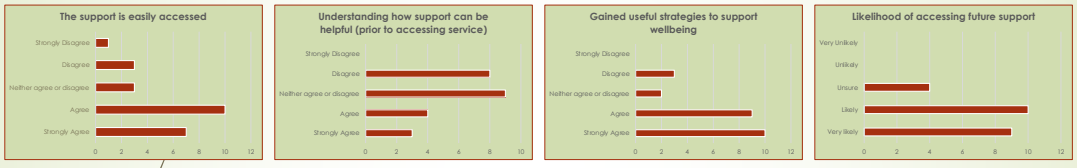
Data Analysis
- Survey responses to closed questions and Likert items are presented.
- Open text responses have been analysed using thematic analysis (Braun & Clark, 2006), to identify themes and sub-categories relating to staff's experiences accessing support through CP.

Credibility checks
- Supervision sought from academic supervisor.
- Discussion with SEP commissioners as experts in the service.
- Independent review of themes and process of using thematic analysis by peer Trainee CP.

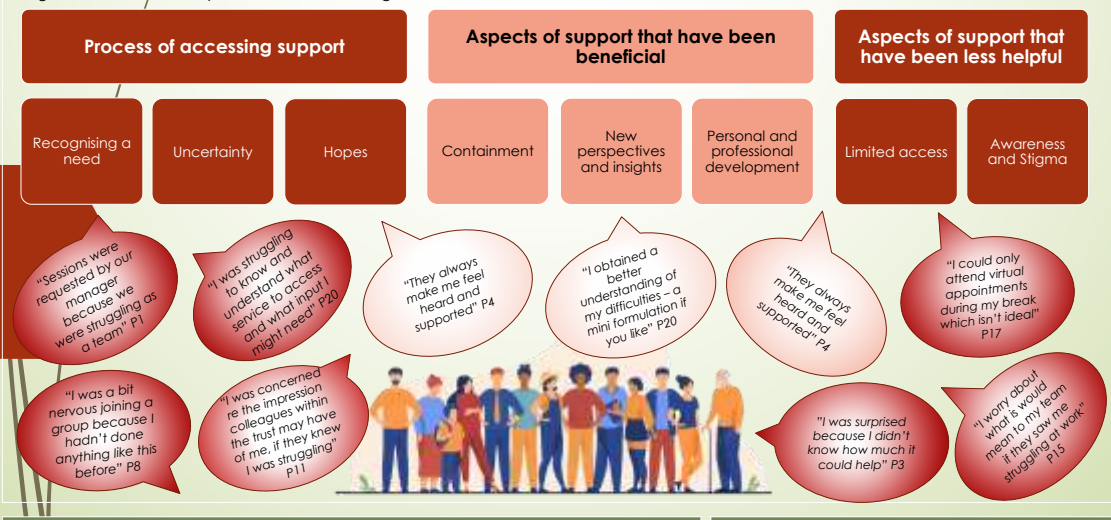
Ethical Consideration
- The SEP gained favourable review from the University of Leeds School of Medicine Research Ethics Committee on 18th January 2022 (application number: DCLINREC 21-002).

Results

Quantitative analysis of the accessibility and utilisation of the Staff Wellbeing Service is presented below:



Qualitative analysis provided a more in-depth exploration of (i) staff's thoughts and feelings around accessing support through CP, (ii) aspects of the service that have been beneficial, and (iii) aspects of support that have been less helpful for staff accessing support.
- *Eight themes* and *twenty-two subthemes* emerged from the data.



Conclusions

- Respondents found support from CP to be easily accessed, however, they also indicated that it was not obvious from the outset how this support would be helpful for them.
- There was a strong sense from respondents that the support they were receiving was providing containment through the provision of a safe space to talk openly about issues impacting them at work and having an experienced clinician skilled in holding other people's distress.
- The role of psychological formulation was identified as an important contribution to increasing the overall psychological mindedness of the workforce and developing a culture which understands the consequential impact of working in health care system such as burnout, vicarious trauma, moral injury, etc (Billings et al., 2021).
- Significant barriers to accessing support related to: (i) the limited service provision, (ii) stigma associated with accessing support as a HCW which is embedded within the culture of the NHS, and (iii) staff wellbeing often viewed as secondary to other work commitments.

Recommendations

- More information and awareness of the support available.
- Teaching and training.
- An increase in service provision.
- Future SEP focussing on groups underrepresented in this SEP.

References and More…

SCAN ME

Appendix F – Presentation

Leeds Institute of Health Sciences

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Doctor of Clinical Psychology
Service Evaluation Project Conference

An Evaluation of Healthcare Workers' Experiences Accessing Staff Wellbeing Support within Leeds Community Healthcare

Commissioners: Dr Palvinder Rao (Principal Clinical Psychologist)
Dr Joanna O'Brien (Consultant Clinical Psychologist)

Poster, references and overview of themes>>>

1

Background & aims

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- The health and wellbeing of healthcare workers (HCW) has received exponential interest in recent years; owing largely to their involvement and response to the COVID-19 pandemic.
- For decades now, it has been well-documented that HCW are increasingly being asked to do more with less, and this has significant consequences for patient safety and outcomes (Hall et al., 2016; Sizmur & Raleigh, 2018).
- There is a dearth of research looking at the experiences of staff accessing support and in what ways this support is helpful for them (Billings et al., 2021).
- This SEP seeks to explore the experiences of staff accessing support through clinical psychology (CP) in Leeds Community Healthcare Trust.
- This SEP had three aims:
  - To explore the experiences of staff accessing support through CP.
  - To evaluate aspects of support that have been beneficial for staff.
  - To evaluate aspects of support that have been less helpful for staff.

2

Method

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Design
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Data Analysis
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Credibility checks
- Supervision sought from academic supervisor.
- Discussion with SEP commissioners as experts in the service.
- Independent review of themes and process of using thematic analysis by peer Trainee CP.

3

Results

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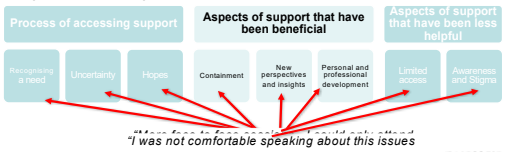
Qualitative analysis provided a more in-depth exploration of (i) staff's thoughts and feelings around accessing support through CP, (ii) aspects of the service that have been beneficial, and (iii) aspects of support that have been less helpful for staff accessing support.

- Eight themes emerged from the data



"I was not comfortable speaking about this issues in front of my colleagues. I manage a team and thought about what it would mean to my team if they saw me struggling at work" (P15)
(P18)

4

Discussion & Recommendations

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- The support was easily accessed but not clear from the start how this might be helpful for HCWs.
- Containment; support provided a safe space to talk openly about difficulties experienced at work.
- Psychological formulation – a key ingredient
- Significant barriers to accessing support: Stigma, limited service provision, and wellbeing often seen in competition with other work commitments.

Recommendations:
- Information and awareness
- Teaching and Training
- Increase in service provision
- Future SEPs

5

Appendix G - Reflexivity

My interest in this area stems from a first-year placement in the service where this SEP was commissioned. My role in the service involved the co-facilitation of groups, staff training and consultation. Listening to the experiences of staff and the ensuing impact of providing care during the pandemic was a humbling experience and one which, at times, felt overwhelming as a trainee clinical psychologist. This developed my curiosity to understand what impact the support being offered was having and if any barriers were being experienced to accessing support. This SEP was then commissioned following discussions with the commissioners.

Having experience of the service, I was mindful of how this might influence the project. For example, when considering possible research methods to answer the SEPs aims, qualitative interviews were proposed; however, I reflected on how my previous connection to the service had the potential to introduce bias into the research and inhibit participants from sharing their experiences. This was a potential loss for the SEP, however, this later influenced the decision to include open-text responses in the anonymised survey, in a bid to capture the rich experiences of participants using their own words.

Throughout the process, I remained mindful of the potential for my experiences, thoughts, and assumptions to influence the interpretation of the data, and so I employed several credibility checks to reduce potential bias.

The findings of the project have been disseminated in various forums. Firstly, the SEP was presented as a poster with accompanying oral presentation at the University of Leeds SEP conference in October 2022. The findings were also shared as a report to the commissioners and there are plans to submit the findings for publication.